



Occupational Medical Consulting LLC

DECREASING AT RISK HEALTH BEHAVIOR.....

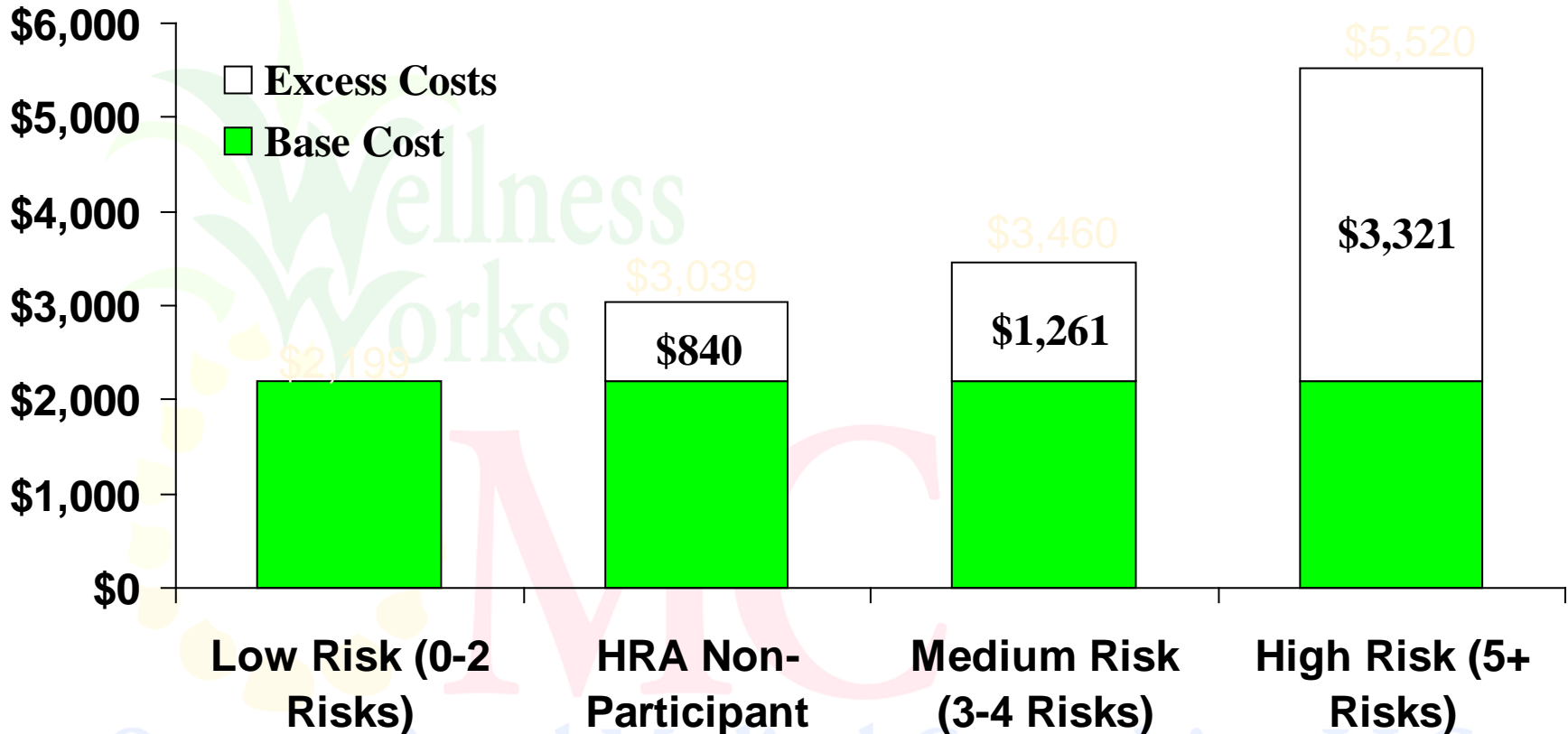
One Individual at a Time

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HISTORY WHY???

Slow rate of rise of health care costs.

Excess Medical Costs due to Excess Risks



HISTORY

WELLNESS PILOTS

- 🍍 77 participants
- 🍍 Risk Status- 8 high/45 medium/24 low risk (Edington's "bakers dozen" risks)
- 🍍 84% (63) completed program (6 mos of regular meetings with nurse educator to set and work on wellness goals)
- 🍍 36 men/ 27 women completed program

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HISTORY- INITIAL WELLNESS PILOT

- 🍍 Risk Status- 0 high/19 medium/47 low
- 🍍 6 of 8 smokers quit-no group program
- 🍍 71% of those completing program lowered risk
- 🍍 39% (14) of males decreased risk category
- 🍍 70% (19) of females decreased risk category

HISTORY

MC WELLNESS PILOTS THAT DID NOT WORK!

- 🍍 Company wide, after hours phone encounters using protocols for risk management and trained operators (X2 different efforts)
- 🍍 Poor rates of (and unsustainable) participation
- 🍍 Participants guarded, coaches and participants less engaged, say what you want to hear, marked variation in reported vs taken measurements, viewed interventions primarily as inconvenient

HISTORY - PILOTS

- 🍍 “Points for Playing” pilot
- 🍍 Did not assess risks per se and rewarded non confirmed changes
- 🍍 No real data 100-150- participants

HISTORY

LESSONS LEARNED FROM PILOTS

- 🍍 Individuals change when invested in the process and when the change is important to them
- 🍍 Individuals change at different rates over time
- 🍍 Individual investment is highly variable and changes over time

HISTORY

LESSONS LEARNED FROM PILOTS

- 🍍 Individuals feel more valuable when participating in coaching programs
- 🍍 Change plans are more often achieved when individualized to each participant's time frames and interest
- 🍍 Program acceptance/completion high in one on one program

HISTORY

LESSONS LEARNED

- 🍍 Face to face encounters “on the clock” produce more reliable data, higher participation rates, higher program satisfaction and program continuity/sustainability, and substantial health behavior changes
- 🍍 After hours phone, email, etc. encounters can compliment one on one but alone are less likely to result in substantial sustained participation or significant population risk burden reduction
- 🍍 To reduce costs much have large proportion of spenders in program

FACE TO FACE? YOU DO WHAT YOU HAVE TO DO!



PROGRAM EVOLUTION-2001

- 🍍 Return to one on one, on-site, face to face encounter as cornerstone of program
- 🍍 Health coach role evolution/Motivational Interviewing
- 🍍 Incentives added/gradually modified
- 🍍 Manager education- pros/cons of on site and productivity concerns

PROGRAM EVOLUTION

- 🍍 Environmental changes- (manager sales and support at as many levels as possible, newsletter, healthy vending/menus, smoke free, soda free, tobacco free including possession, online resources,) “Partnering” essential
- 🍍 Benefit structure must support healthy living
- 🍍 Presenteeism
- 🍍 Stress
- 🍍 Life balance
- 🍍 Cost risk analysis

WHAT'S NEXT?

- 🍍 Productivity impact measurement and quantification
- 🍍 Individualized, face to face condition management as an extension of wellness
- 🍍 Interactive software pieces
- 🍍 “ON LINE” HRA completion capability with integrated behavior change module, coach monitored for additional outreach

WHAT'S NEXT?

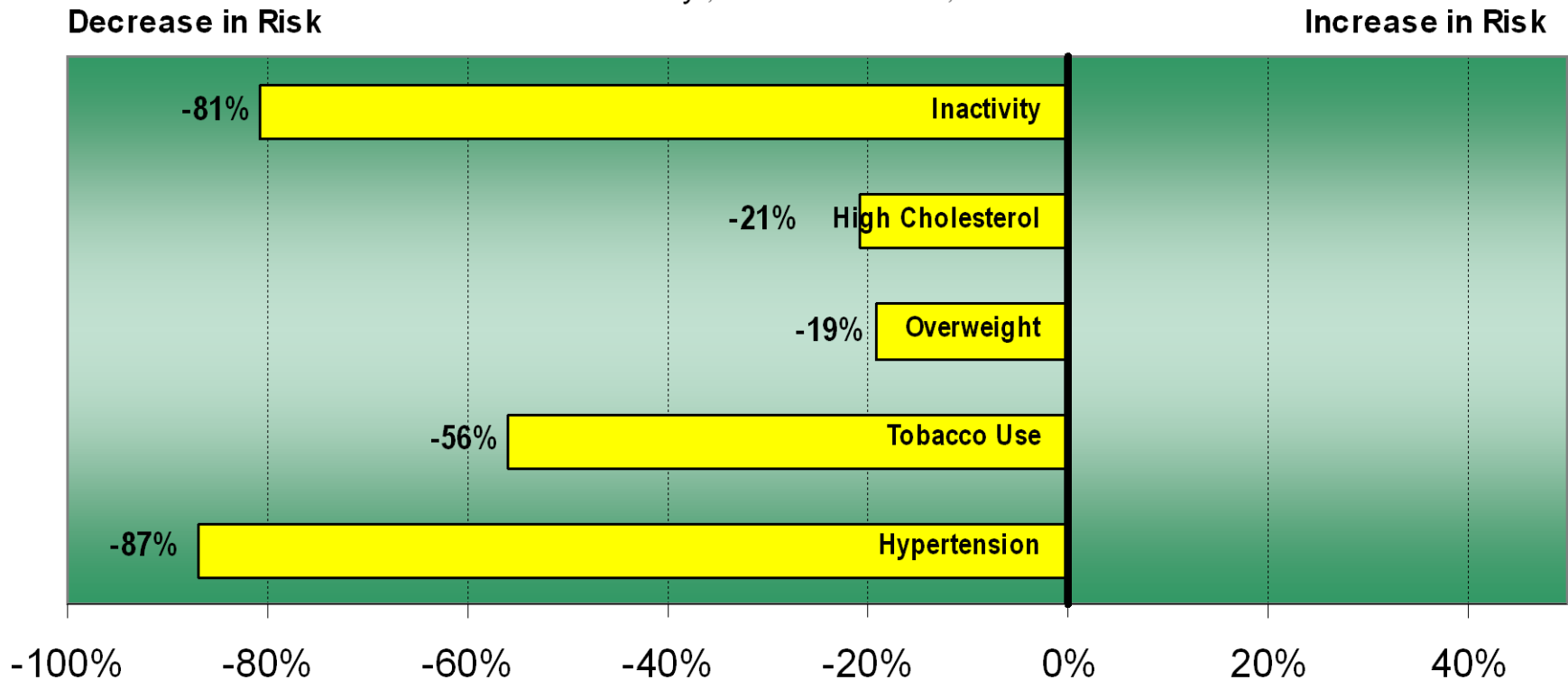
- 🍍 Cultural diversity training for all health coaches
- 🍍 Explore limits in incentivized performance criteria
- 🍍 Increase spouse engagement

Two Year Risk Burden Change (%)

HLP Decrease/Increase in Behavior Risk

(Total Occurrences)

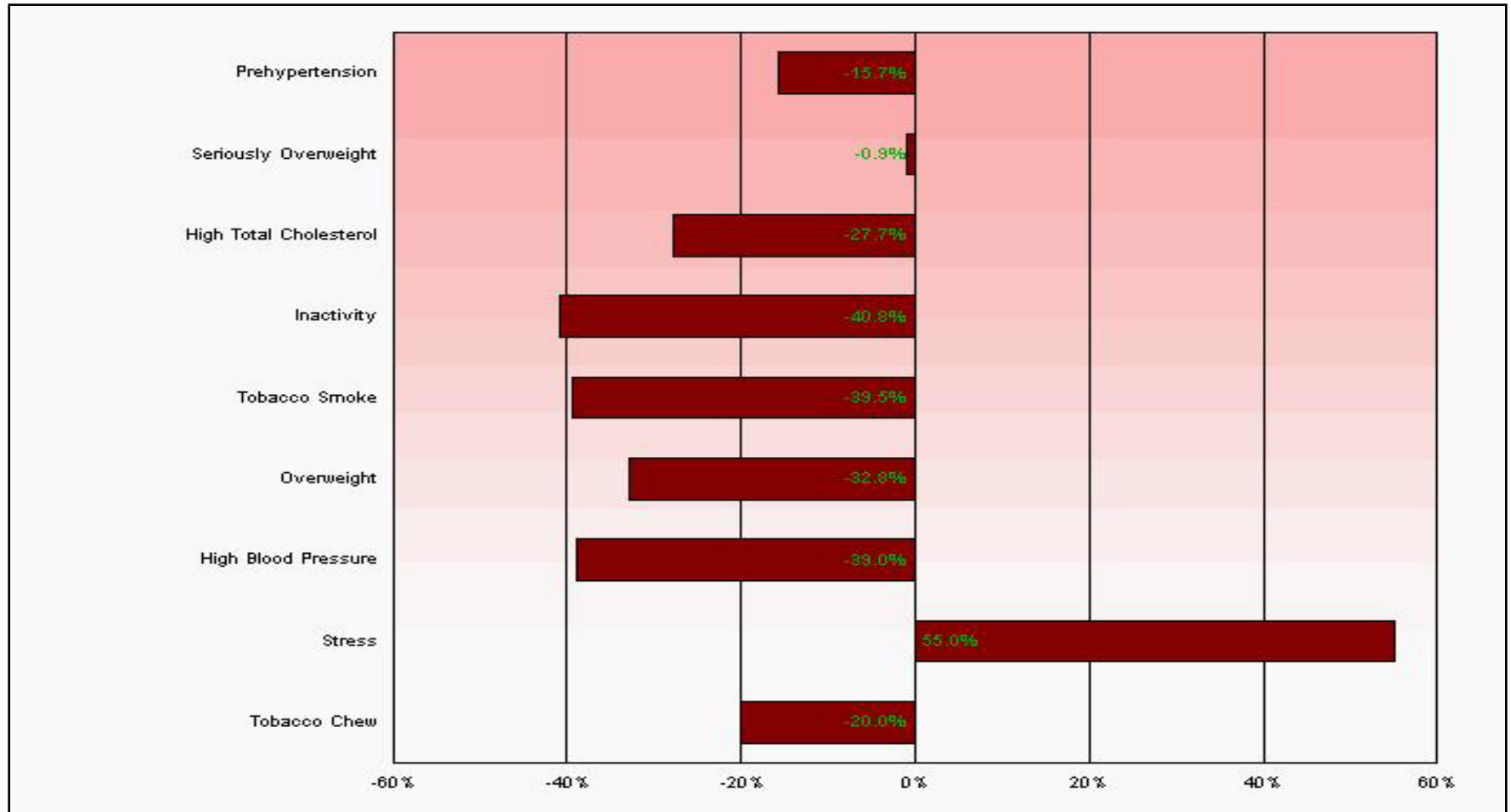
January 1, 2004 to December 31, 2005

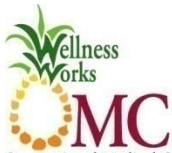




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CHANGE IN BEHAVIOR RISK INCIDENCE

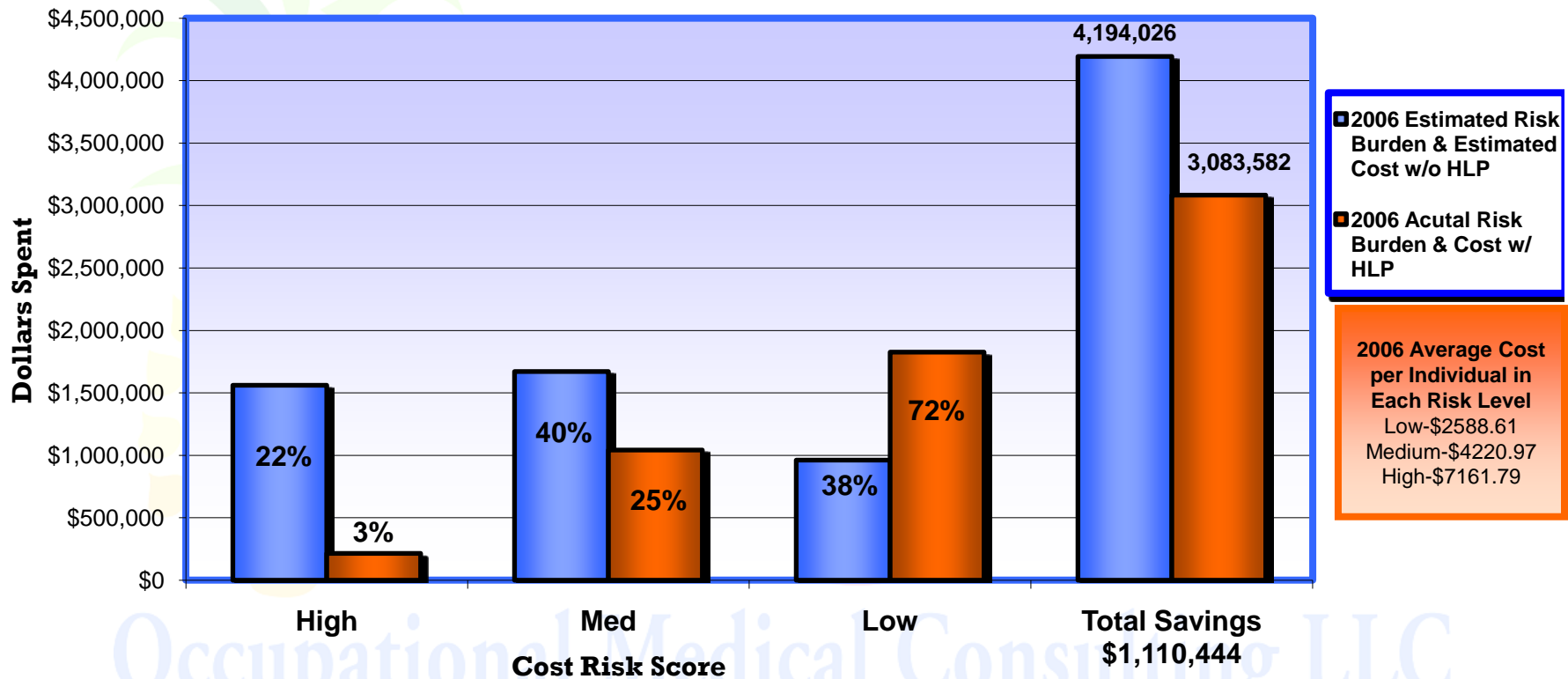




COST RISK SPENDING DECREASE 2006

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Healthy Lifestyles Program Effects on Cost Risk Status and Associated Savings 2006 Cianbro Employees



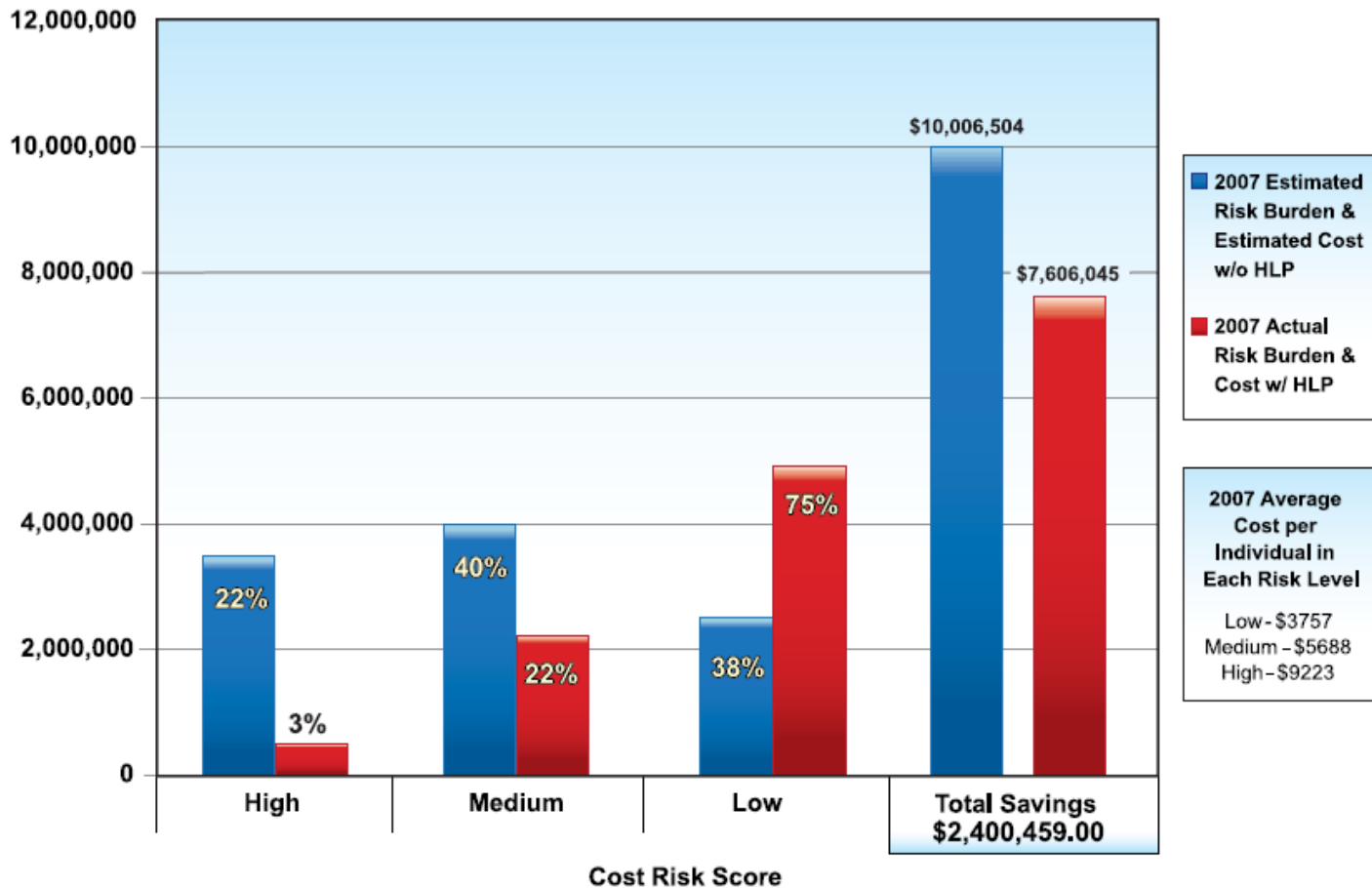


COST RISK SPENDING DECREASE 2007

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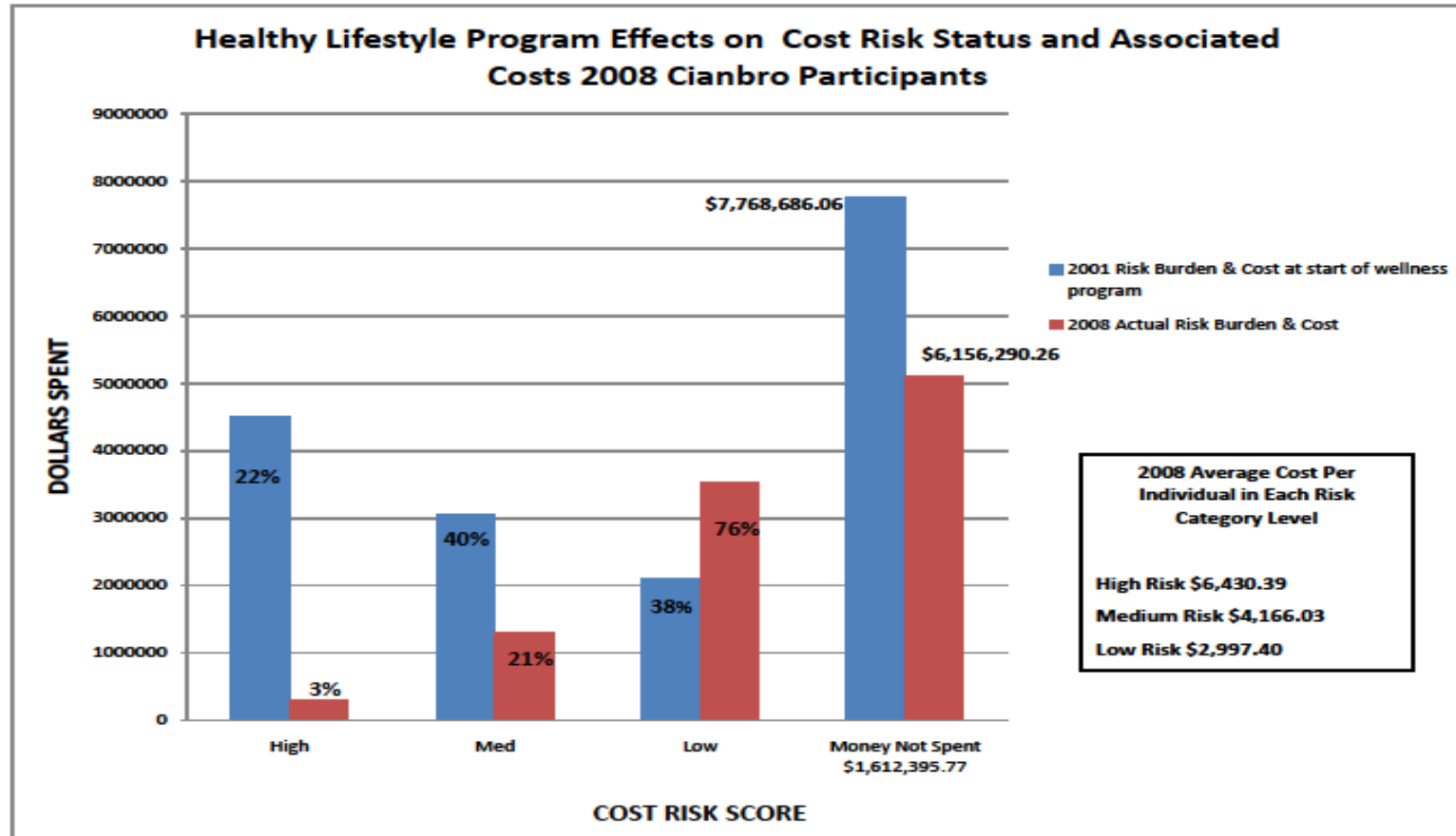
Healthy Lifestyle Program Effects on Cost Risk Status and Associated Costs 2007 Participants



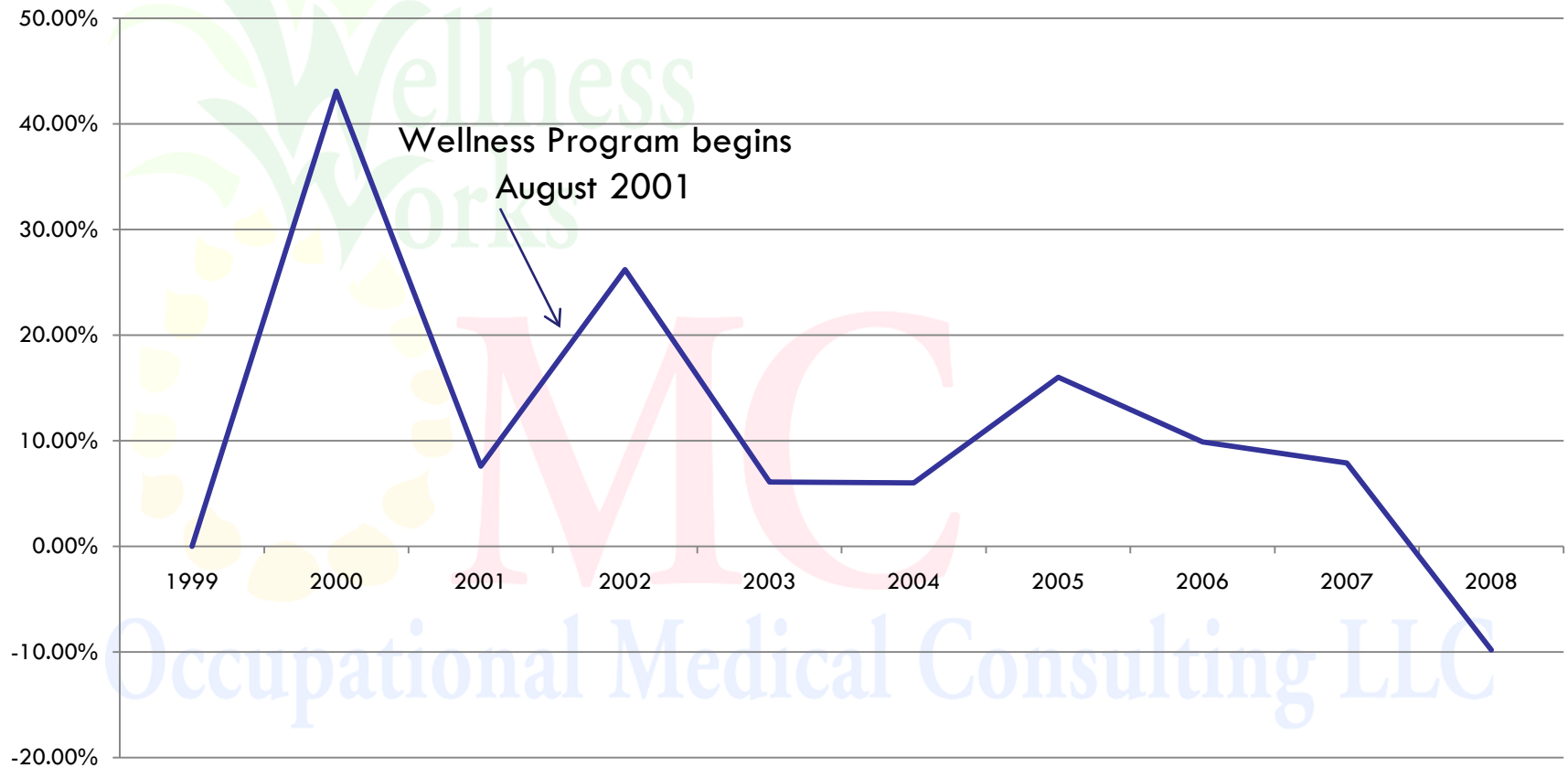


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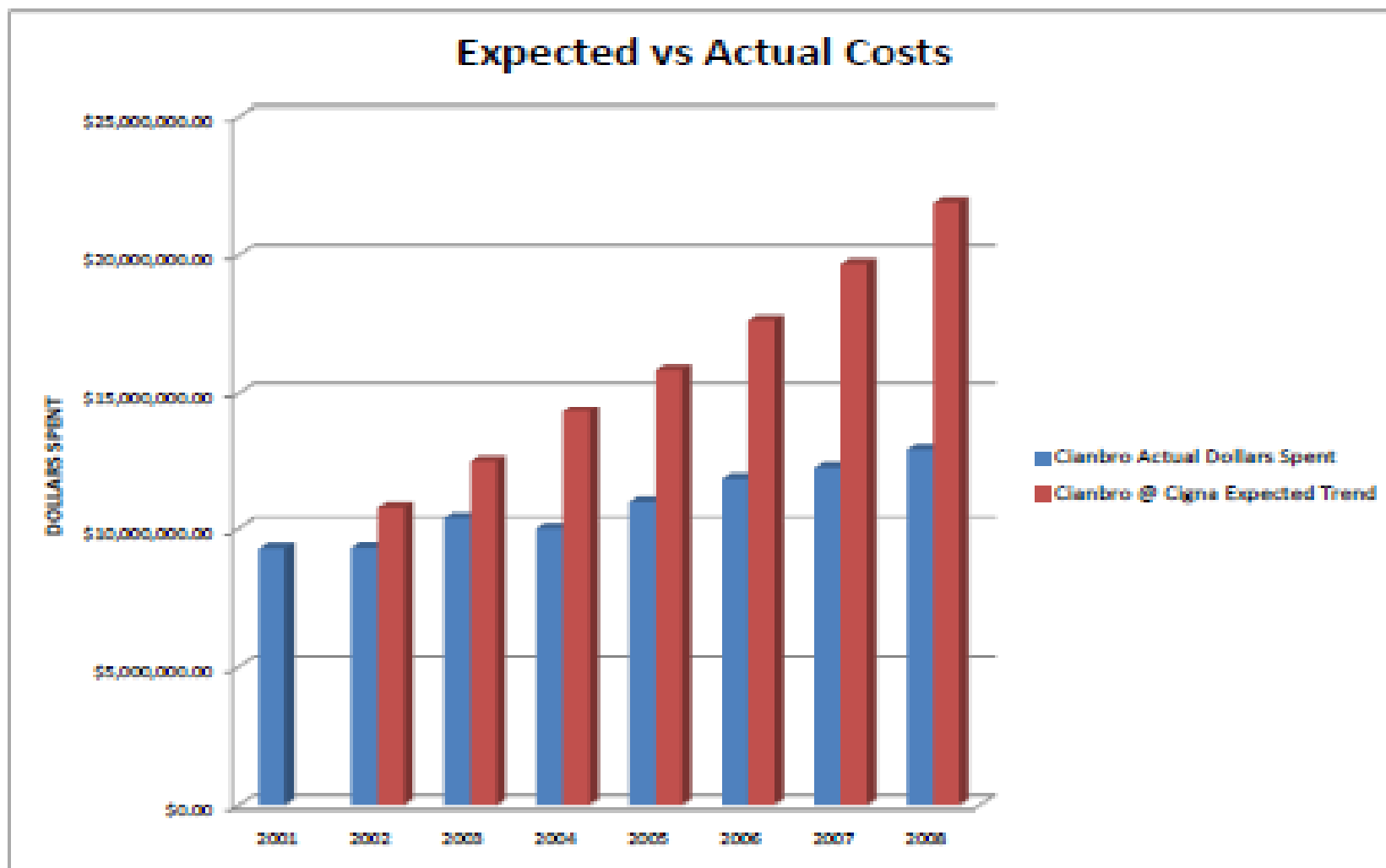
COST RISK SPENDING DECREASE 2008



% Change Year to Year Employer Per Member Cost



EXPECTED VS ACTUAL COSTS



PARTICIPANT ATTAINMENT OF HEALTHY LIVING REWARD

TEAM MEMBERS

REGION	2007	2008	2009
NNE	56%	64%	71%
SNE	43%	54%	64%
MAR	48%	54%	66%
CORP	67%	74%	80%
OPS	54%	56%	70%
FAB	51%	62%	67%
CONSTRUCTORS	-	53%	69%
TOTAL %	54%	61%	70%

SPOUSES

2007	2008	2008
50%	55%	68%

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SPOUSE IN-PERSON ENCOUNTER IMPROVEMENTS

	2006	2007	2008	2009 (To Date: 9/31/09)
Total Spouse Encounters	1288	1562	1313	923
Total In Person Spouse Encounters	341	390	385	407
Percentage of Total Spouse Encounters Seen In person	26%	25%	29%	44%



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CHANGE IN BEHAVIOR RISK SCORE

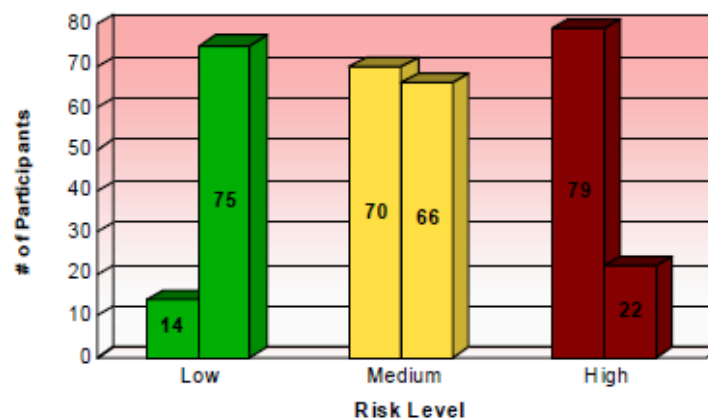
Report Criteria

Start Date: From October 01, 2004 to February 28, 2005
End Date: 10/10/2008
Wellness Status: Active
Participant Type: Employee, Spouse
Gender: Female, Male
Age: 0-17, 18-34, 35-44, 45-54, 55-64, 65-74, 75+
Company Medical Ins: Yes, No
Company: .
Sublevel: ., Accounting, Bone Pins, CNC Mill, Deburr, Facilities, Grinding, Large Hole, Lathe, Maintenance, Material Handling, Officers, Operations, Pratt & Whitney, Project Manager, Purchasing, QM, Quality, Sales, Scheduling, Shotpeen, Small Hole, Tooling, Unidrill

All Participants:

	Begin Date		End Date		Change	
	Count	%	Count	%	Count	%
Low	14	9%	75	46%	61	435.7%
Medium	70	43%	66	40%	-4	-5.7%
High	79	48%	22	13%	-57	-72.2%
Total	163		163			

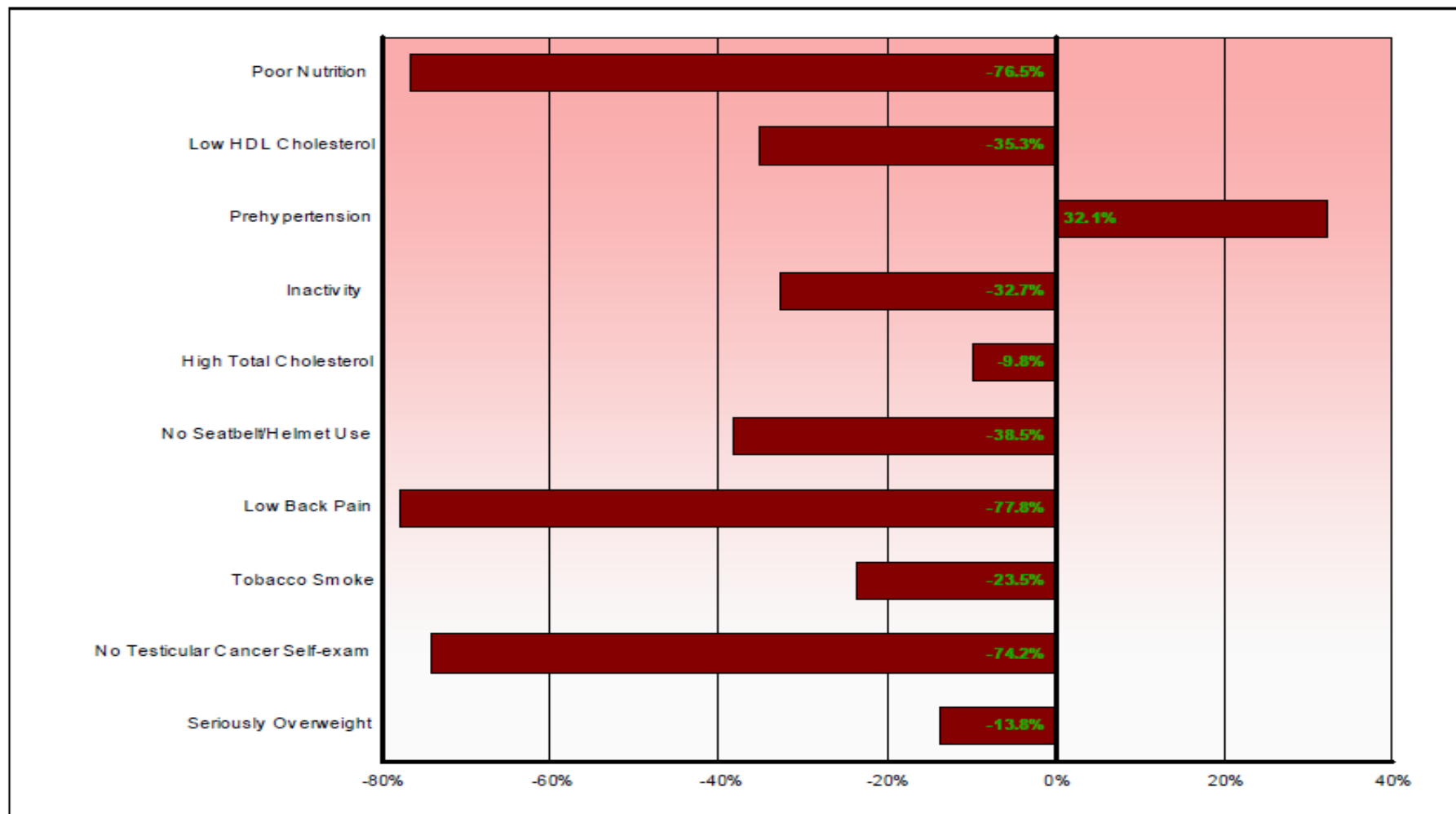
Note: % columns may not total exactly 100% due to sample size and rounding precision.



CHANGE IN BEHAVIORAL RISK INCIDENCE-MAINE COMPANY

Start Date: *From October 01, 2004 to February 28, 2005*

End Date: *10/10/2008*





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BEYOND "O" TREND

MC
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Wellness Program Effects on Cost Risk Status and Associated Costs 2009

